

Sources of error

R.W. Oldford

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 - ▶ of different types (and scales)

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We need to consider what general sources might contribute to error (besides calculational/floating point errors).

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"In decisions about patient care, both the physician and the patient will participate in determining the care and treatment which the patient will receive.

Imagine the following hypothetical medical situation where you, the patient, having been diagnosed with a form of cancer are trying to make a choice between two different treatments available. The treatments are (a) Surgery and (b) Radiation. The decision as to which treatment you will take is entirely yours.

To help you make an informed treatment, the physician presents you with the following information based on previous medical studies: "

Which would then be followed by relevant numerical information on historical outcomes from patients who had surgery and from those who had radiation.

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- ▶ What is the population \mathcal{P} ? What are its units?
- ▶ How about variate(s)? What is the kind of variate(s)?
- ▶ What population attribute is of interest?
- ▶ What role is played by the question asked?

Example: Surgery or radiation?

A class of graduate students were split into four groups, each group receiving a slightly different presentation of the historical data.

All four groups had the same preamble about the question, just different "information based on previous medical studies".

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Groups 3 and 4:

- ▶ had the information given as numbers, one set related to surgery outcomes, the other related to radiation outcomes
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In all cases, the historical information presented was **identical**.

After the historical information was presented, each group was instructed:

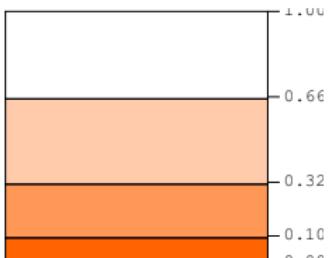
Based on this information, you must choose one of the two treatments. Circle one of the following as your answer:

(a) Surgery

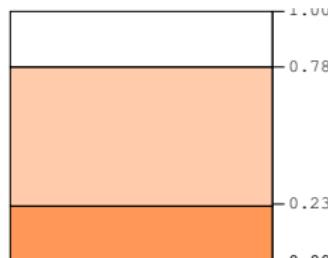
(b) Radiation

Surgery or radiation: Groups 1 and 2 pictures presented.

In each diagram below the area of the horizontal strip is the probability of the outcome which labels the strip.



(a) Surgery



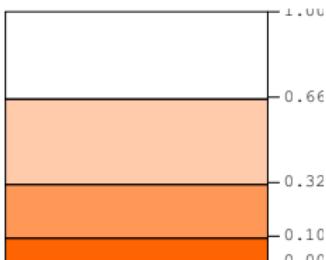
(b) Radiation

200 patients diagnosed with cancer

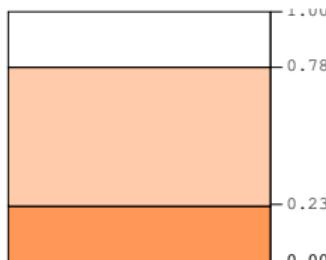
100 receive (a) surgery, 100 (b) radiation treatment.

Surgery or radiation: Group 1 was told

In each diagram below the area of the horizontal strip is the probability of the outcome which labels the strip.



(a) Surgery



(b) Radiation

Figure 1: 200 patients diagnosed with cancer – 100 receive (a) surgery, 100 (b) radiation treatment.

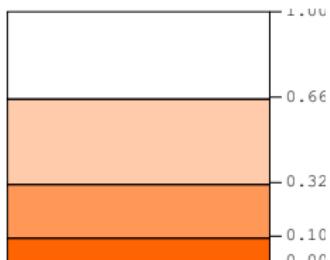
From bottom to top the categories are y_1 = “Does not survive treatment”, y_2 = “Survives treatment, but only to one year”, y_3 = “Survives more than one but fewer than five years” and y_4 = “Survives at least 5 years”.

The area (or equivalently the height) of each shaded rectangle matches the proportion of the 100 which are in that category.

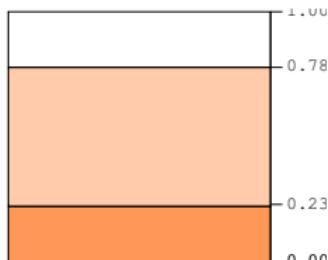
The shading matches the category across the two figures and for radiation the bottom most category, y_1 , is absent because all survive radiation treatment.

Surgery or radiation: Group 2 was told

In each diagram below the area of the horizontal strip is the probability of the outcome which labels the strip.



(a) Surgery



(b) Radiation

Figure 2: 200 patients diagnosed with cancer – 100 receive (a) surgery, 100 (b) radiation treatment.

From bottom to top the categories are y_1 = “Die during treatment”, y_2 = “Die by the end of the first year”, y_3 = “Die by the end of five years” and y_4 = “Survives at least 5 years”.

The area (or equivalently the height) of each shaded rectangle matches the proportion of the 100 which are in that category.

The shading matches the category across the two figures and for radiation the bottom most category, y_1 , is absent because no one died during radiation treatment.

Surgery or radiation: Groups 3 and 4

Groups 3 and 4 were presented the historical information as text with numbers.

Group 3:

(a) Surgery: Of 100 people having surgery 90 live through the post-operative period, 68 are alive at the end of the first year, and 34 are alive at the end of five years.

(b) Radiation therapy: Of 100 people having radiation therapy, all live through the treatment, 77 are alive at the end of one year, and 22 are alive at the end of five years.

Surgery or radiation: Groups 3 and 4

Groups 3 and 4 were presented the historical information as text with numbers.

Group 3:

(a) Surgery: Of 100 people having surgery 90 live through the post-operative period, 68 are alive at the end of the first year, and 34 are alive at the end of five years.

(b) Radiation therapy: Of 100 people having radiation therapy, all live through the treatment, 77 are alive at the end of one year, and 22 are alive at the end of five years.

Group 4:

Surgery: Of 100 people having surgery 10 die during surgery or the post-operative period, 32 die by the end of the first year, and 66 die by the end of five years.

Radiation therapy: Of 100 people having radiation therapy, none die during treatment, 23 die by the end of one year, and 78 die by the end of five years.

Surgery or radiation: results

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The following attributes are of interest:

1. the proportion of people who think the tallest redwood is higher than 50 metres

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The following attributes are of interest:

1. the proportion of people who think the tallest redwood is higher than 50 metres
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3. the average height that people think the tallest redwood could be, in metres.

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2. the proportion of people who think the tallest redwood is higher than 100 metres
3. the average height that people think the tallest redwood could be, in metres.

Questions:

- ▶ what is a population unit here?
- ▶ what is the population of interest?

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To get values for these population attributes, a class of graduate students were given the following:



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To get values for these population attributes, a class of graduate students were given the following:



1. Is the tallest California Redwood tree (*Sequoia sempervirens*) higher or lower than **A** metres tall?
Circle one:

Less than **A** metres

MORE than **A** metres.

2. Write down your best guess (in metres) of the tallest California Redwood tree:

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MORE than **A** metres.

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The students were divided into two groups.

For one group, **A** was replaced by **100**; for the other, **A** was replaced by **50**.

Giant redwoods: Results

Data:

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redwoods <- read.csv(path_concat(dataDirectory, "redwood.csv"))
# Last two rows
tail(redwoods, n = 2)
```

```
##      A more guess
## 37 50   no    35
## 38 50   yes   100
# Number A = 50
A_50 <- redwoods$A == 50
sum(A_50)
```

```
## [1] 19
# Number A = 100
A_100 <- redwoods$A == 100
sum(A_100)
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A_100 <- redwoods$A == 100
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Proportions:

```
said_yes <- redwoods$more == "yes"
# Proportion think tallest is greater than 50 metres
round(sum(A_50 & said_yes)/sum(A_50), 2)
```

```
## [1] 0.84
# Proportion think tallest is greater than 100 metres
round(sum(A_100 & said_yes)/sum(A_100), 2)
```

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## [1] 0.84
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Giant redwoods: Results

Average tallest heights:

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mean(redwoods$guess)
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## [1] 125.9474
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mean(redwoods$guess[A_50])
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mean(redwoods$guess[A_100])
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## [1] 159.3684
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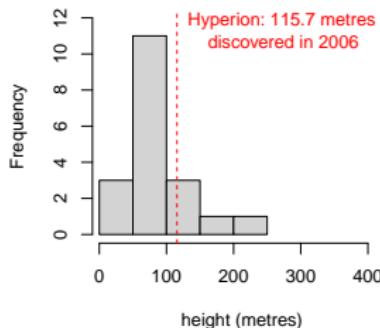
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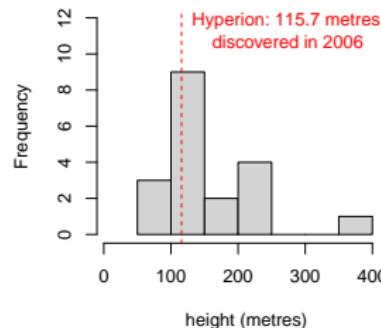
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Histogram of tallest heights:

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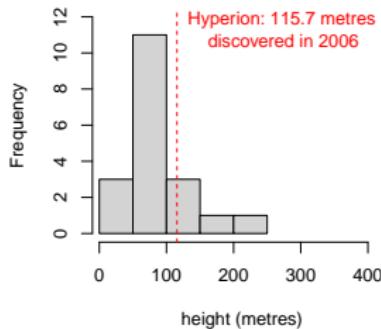
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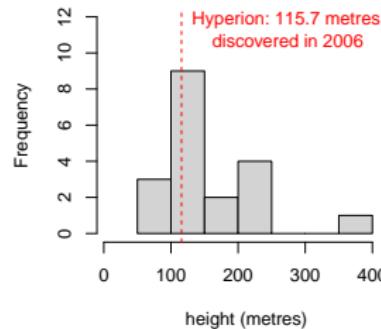
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What's going on?

Source of error: Measurement



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Examples:

- ▶ guessing the height of the tallest known redwood in metres
- ▶ even a binary measurement like informed consent from a patient to choose a treatment can have error
- ▶ the latitude and longitude of “Quebec” from Google

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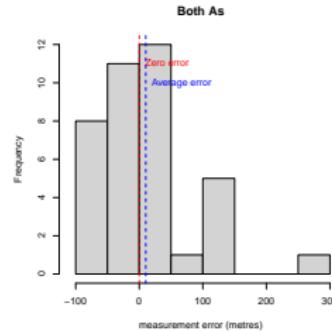
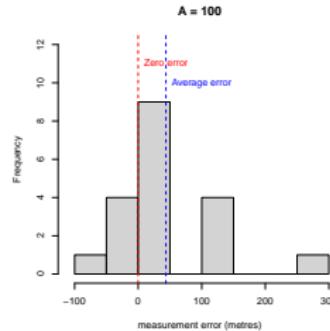
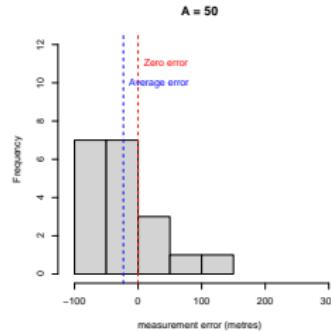
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Note however that we have two measuring systems, one where the idea that the greatest height might be 50 metres was first planted, and one where the idea that the greatest height might be 100 metres was first planted.

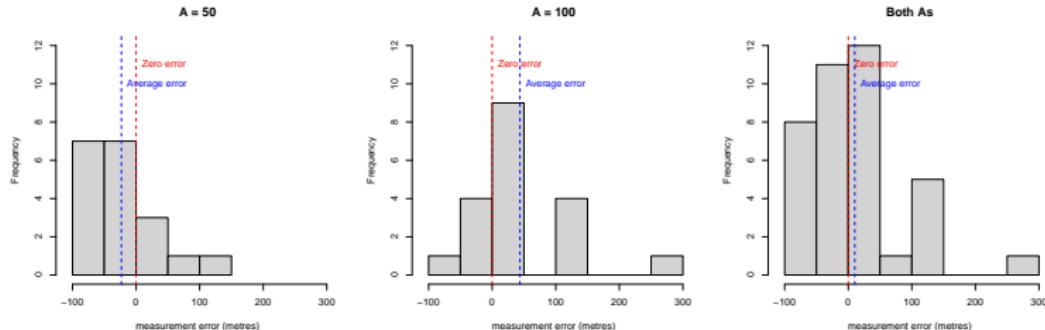
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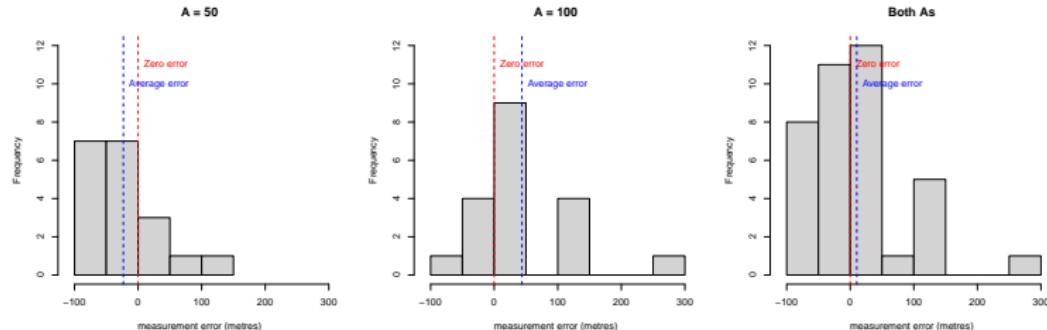
The average of all possible measurement errors is called the **measuring bias** given by

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where \mathcal{P} is the population of size N containing all possible measurements of the same quantity (here $x_{true} = x_{Hyperion} = 115.7$ metres) from the same measuring system.

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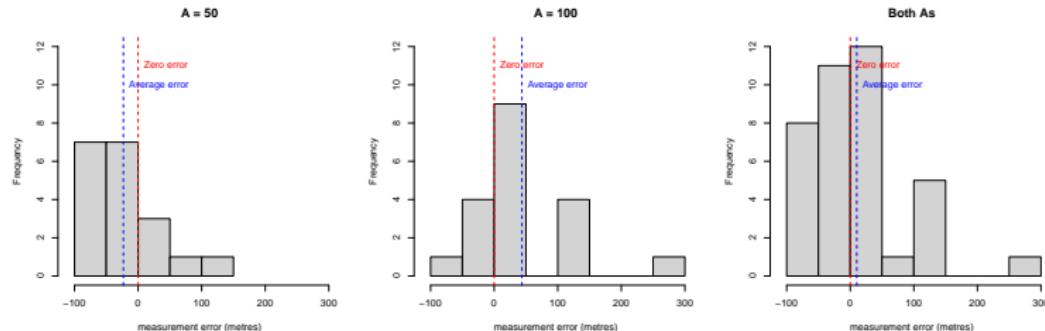
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Estimates of the measuring bias for each of the first, second, and then combined measuring systems are respectively, -23.2, 43.7, and 10.2 metres.

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Similarly, the **measuring variability** of a measuring system can be defined as

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Expressing these as estimated **standard deviations** of the measuring systems (i.e. by taking the square roots) gives quantities on the same scale as the errors, namely 55.3, 79.9, and 75.8 metres.

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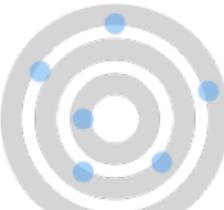
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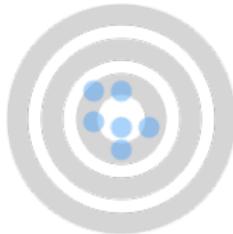
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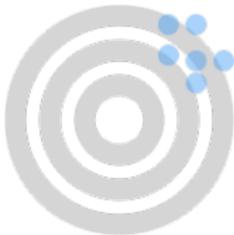
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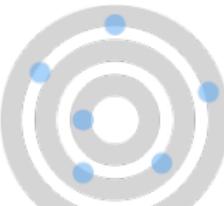
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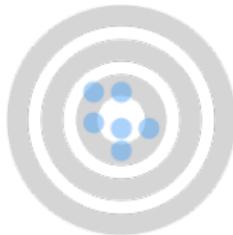
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There is often a trade off between variability and bias. Most practitioners prefer to improve (i.e. lower) the variability of a measuring system, then, afterwards, to reduce the bias.

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- ▶ the data on people's guesses for the height of the tallest known redwood.

Target populations, study populations, and samples

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In pictures, we have something like



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Target populations, study populations, and samples

Or looking at how we might draw conclusions:



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Or worse, and fairly common in medical studies:



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The first term relates the attribute's value on the **study** population to its value on the **target** population; the second the attribute's value on the **sample** to its value on the **study** population.

Separation like this allows us to focus on where the error sources might be and what might be done about them.

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- ▶ the study error could be small even if $\mathcal{P}_{\text{Study}}$ is very different from $\mathcal{P}_{\text{Target}}$ depending on what the attribute $a()$ is, or,
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E.g. When $\mathcal{P}_{\text{Target}}$ consists of humans, having $\mathcal{P}_{\text{Study}} \subset \mathcal{P}_{\text{Target}}$ could be unethical.

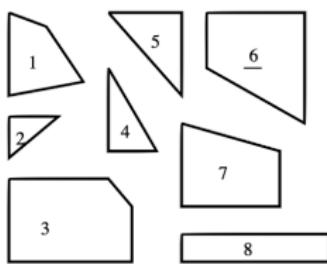
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Consider a study population \mathcal{P}_{Study} consisting of $N = 100$ blocks labelled $u = 1, 2, 3, \dots, 100$.

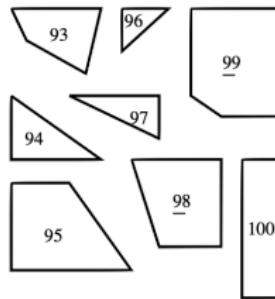
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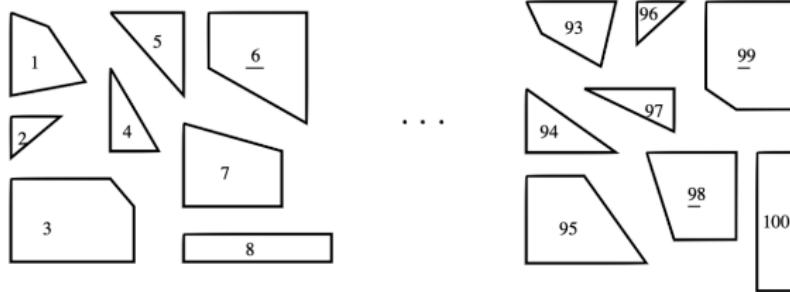
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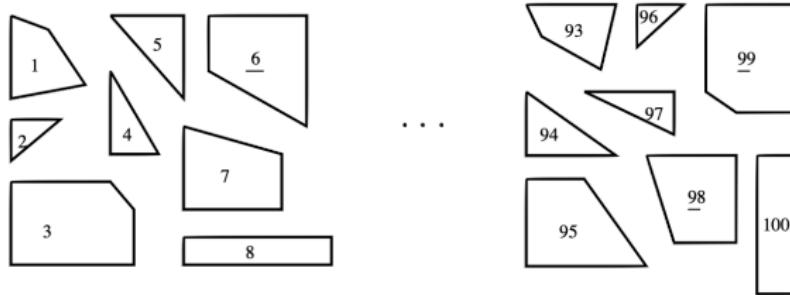


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We want a sample $\mathcal{S} \subset \mathcal{P}_{Study}$ of $n = 10$ blocks selected from the 100, whose average weight is (nearly) the same as the average weight of all 100.

That is, we would like a sample with zero (or at least small in absolute value) **sample error** $a(\mathcal{S}) - a(\mathcal{P}_{Study})$.

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- ▶ Hand in your card when your sample selection is complete.

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If we were to select m different samples from \mathcal{C} with

$$Pr(\mathcal{S} = \mathcal{S}_i) = \frac{k_i}{N_{\mathcal{C}}}$$

then both sampling bias and variability could be estimated from the m values of $a(\mathcal{S})$. (Replace $N_{\mathcal{C}}$ by $m - 1$ in the variability estimate.)

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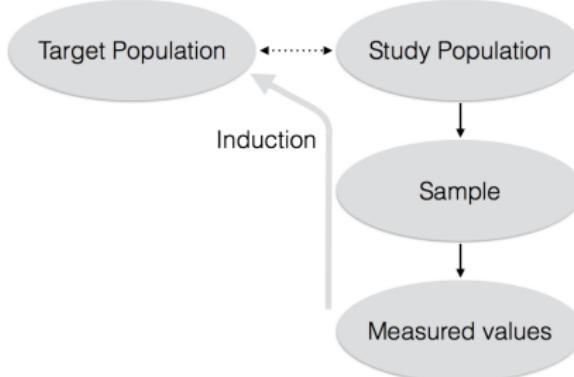
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Inductive inference

We draw conclusions about $a(\mathcal{P}_{Target})$ from an attribute $a_{\approx}(\mathcal{S}) = \hat{a}(\mathcal{S})$, being based on measurements of units in some sample \mathcal{S} . A case needs to be made for the validity of each step along **the inductive path**:

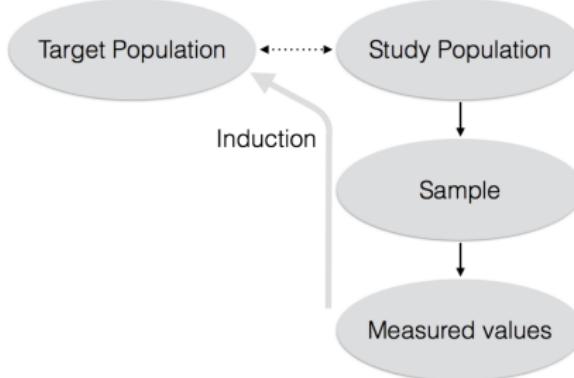
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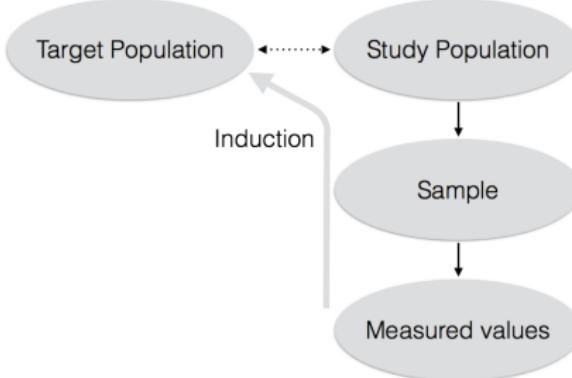


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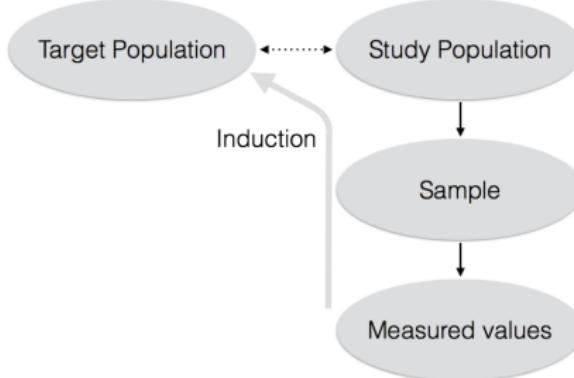


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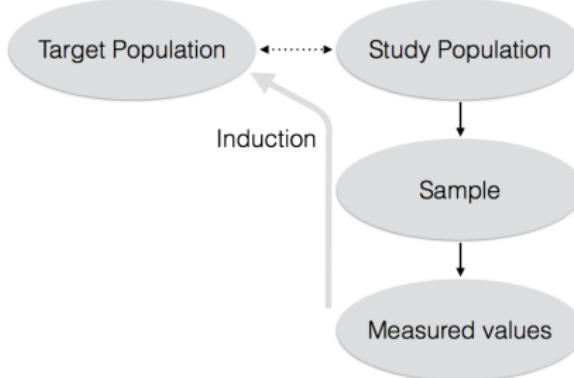
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Recall the minority data from loon.data.

Questions:

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The October 31 issue of *Literary Digest* announced that Landon would be the winner with 57.1% of the vote and 370 electoral votes.

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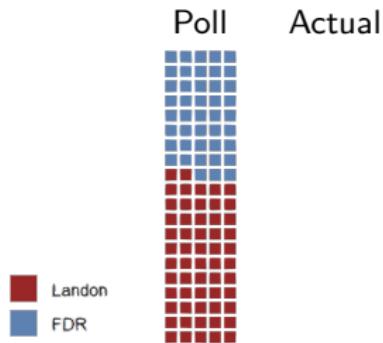
Results:

Poll Actual



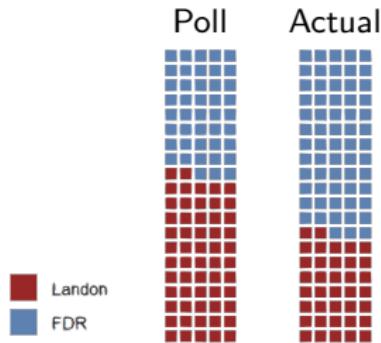
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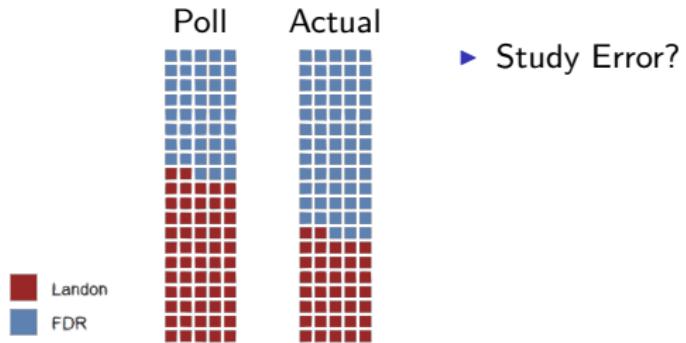
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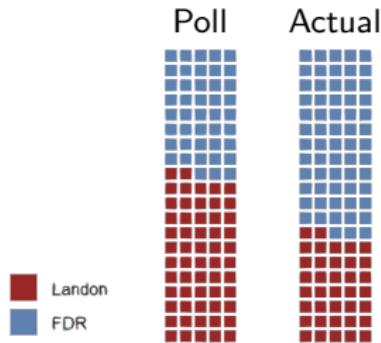
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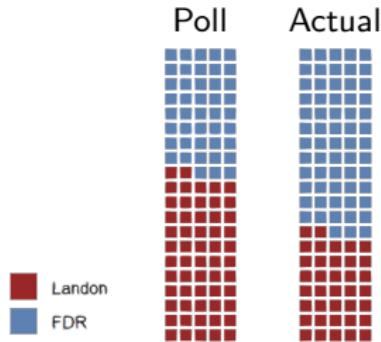
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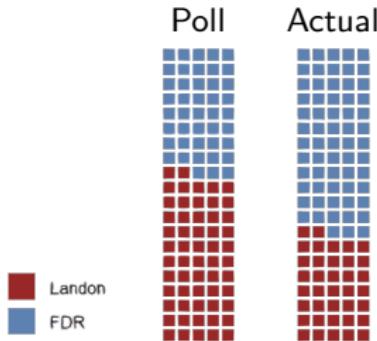
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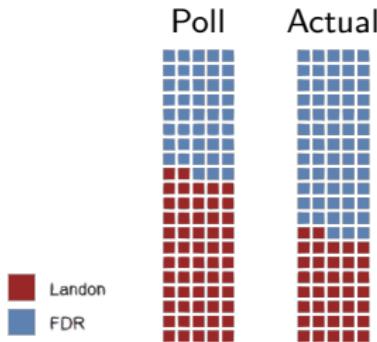


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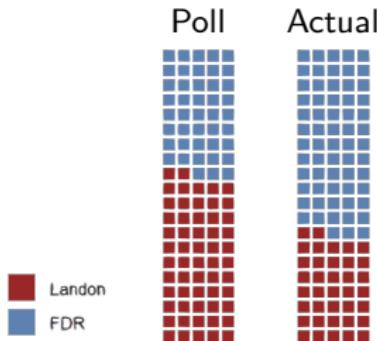
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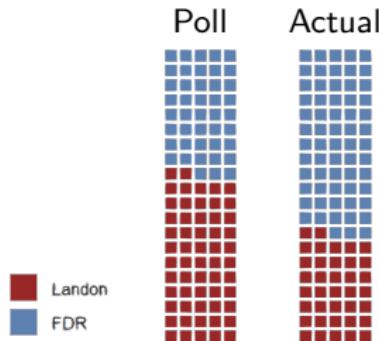
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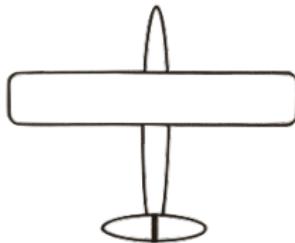
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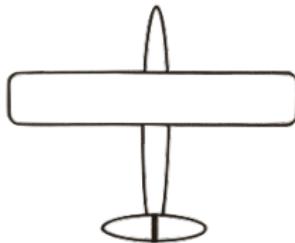
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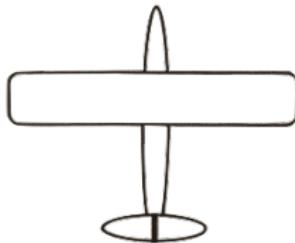
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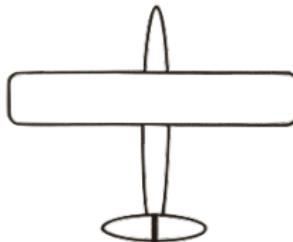


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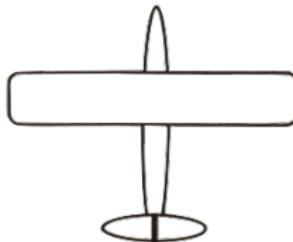
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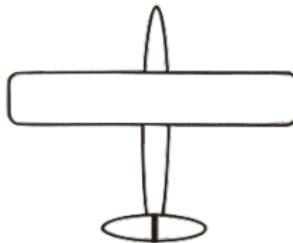
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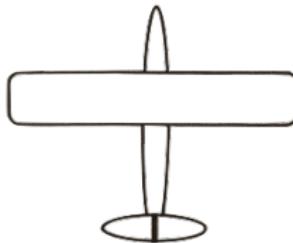
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Sample returning planes that are accessible and measured.

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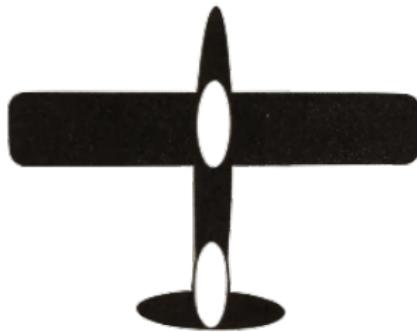


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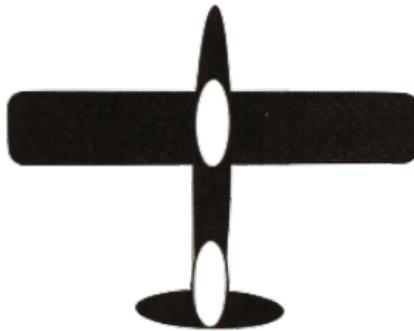
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Dark spots show holes on all returning planes in the sample. Clearly in error for the corresponding target population attribute.

Because they didn't return, they must have holes where these did not. Take advantage of known study error and add extra armour on these areas.

"Wald and his wife died when the Air India plane in which they were travelling crashed in the Nilgiri Mountains, southern India, while on an extensive lecture tour at the invitation of the Indian government." – Wikipedia

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Sources of error?

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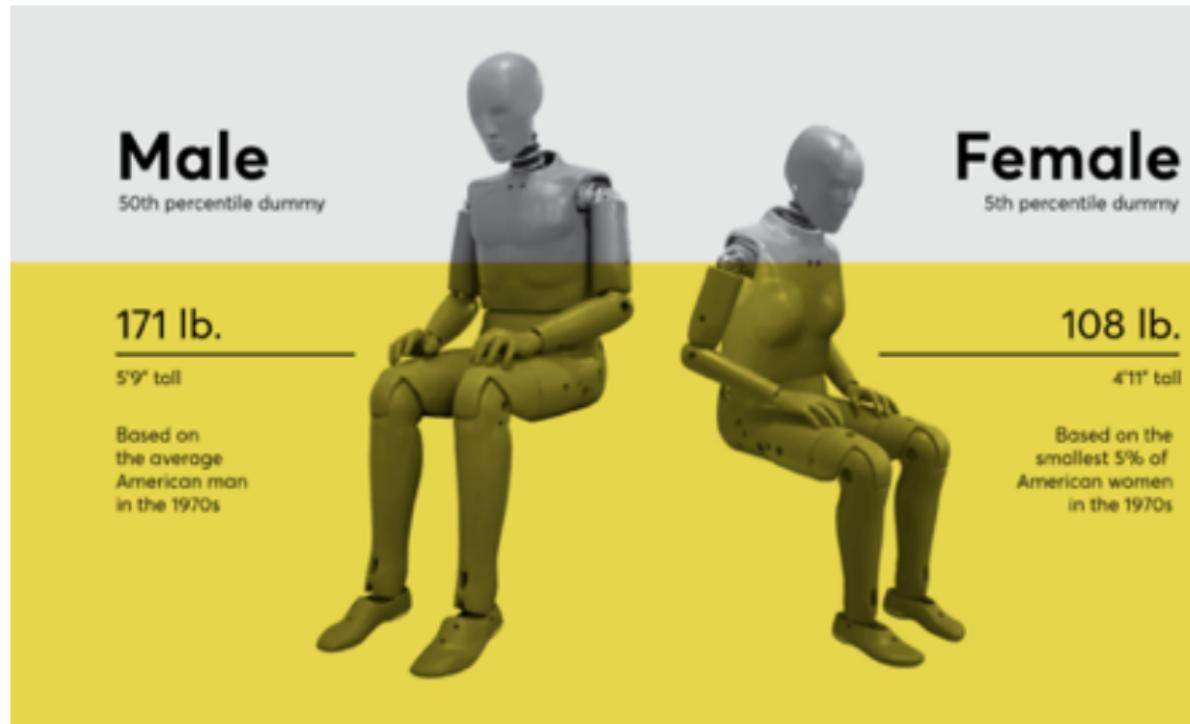
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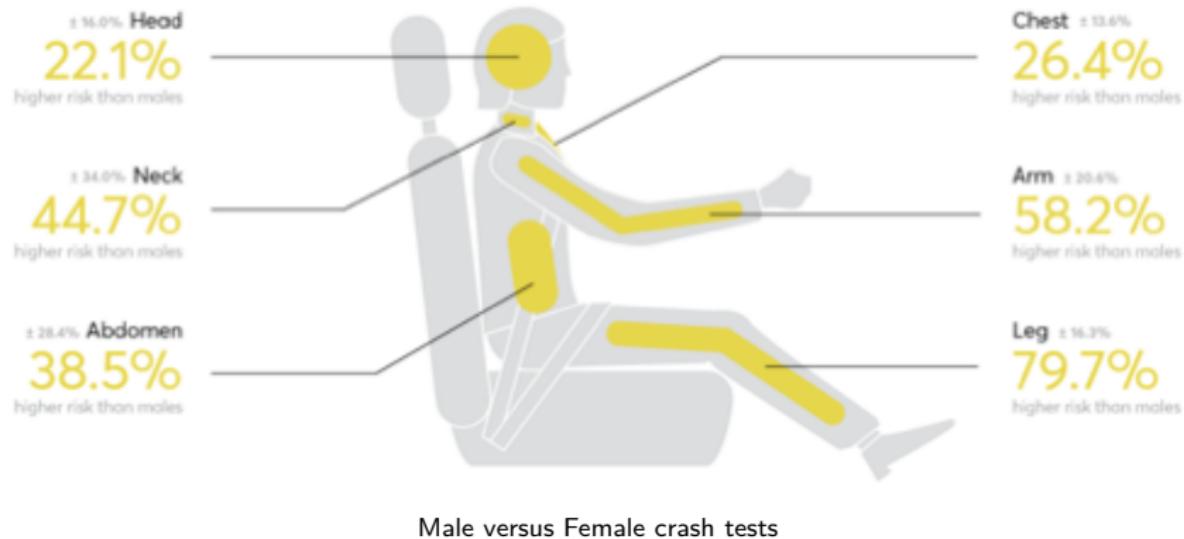
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Male versus Female crash test dummies

Example - Problems



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